

LOBBYIST MONTHLY REPORT FORM

Page _____ of _____ Page(s)
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State of Idaho
Ben Ysursa
Secretary of State

To Be Filed By:
L-3 LOBBYISTS
(Sec. 67-6619)

2005 MAR 11 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

| | | |
|---|---------------|---|
| Lobbyist's name and permanent business address <i>Judith L. Brown</i> <i>Idaho Center on Budget + Tax Policy</i> <i>226 E. 1st St.</i> <i>Moscow ID 83843</i> | Date prepared | Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <i>2 28 05</i> |
|---|---------------|---|

| | | | | | |
|--|--|--|----------------|----------------|----------------|
| Item 1 | Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. | | | | |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | * Total Amount for All Employers | Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.) | | | |
| | | Employer No. 1 | Employer No. 2 | Employer No. 3 | Employer No. 4 |
| Entertainment | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Food and Refreshment | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Living Accommodations | _____ | _____ | _____ | _____ | _____ |
| Advertising | _____ | _____ | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ | _____ | _____ |
| Telephone | _____ | _____ | _____ | _____ | _____ |
| Other Expenses or Services <i>photocopies</i> | \$ <i>5.20</i> | _____ | _____ | _____ | _____ |
| Total | \$ <i>5.20</i> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

| | | | | |
|---------------|---|-------|--------|--|
| Item 2 | The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. | | | |
| | Date | Place | Amount | Names of Legislators & Public Officials in Group |
| | | | | |

Continued on attached page(s)

| | | | | | | | | | | | |
|--|--|---------------|-------------------------------------|------|---|------|--|------|--|------|--|
| INSTRUCTIONS Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Item 3</td> <td style="text-align: center;">Employer(s) Name(s) and Address(es)</td> </tr> <tr> <td style="text-align: center;">No.1</td> <td><i>United Vision for Idaho</i> <i>P.O. Box 2151</i> <i>Boise ID 83701</i></td> </tr> <tr> <td style="text-align: center;">No.2</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.3</td> <td> </td> </tr> <tr> <td style="text-align: center;">No.4</td> <td> </td> </tr> </table> | Item 3 | Employer(s) Name(s) and Address(es) | No.1 | <i>United Vision for Idaho</i> <i>P.O. Box 2151</i> <i>Boise ID 83701</i> | No.2 | | No.3 | | No.4 | |
| Item 3 | Employer(s) Name(s) and Address(es) | | | | | | | | | | |
| No.1 | <i>United Vision for Idaho</i> <i>P.O. Box 2151</i> <i>Boise ID 83701</i> | | | | | | | | | | |
| No.2 | | | | | | | | | | | |
| No.3 | | | | | | | | | | | |
| No.4 | | | | | | | | | | | |

